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CIVIL COMPLAINT FORM TO BE USED BY A *PRO SE* PRISONERIN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

Jord Garcia KR 3324
Full Name of Plaintiff Inmate Number

v.

Civil No.

1:21-CV-0138

(to be filled in by the Clerk's Office)

Mayer Renee Foulds
Name of Defendant 1

☒ Demand for Jury Trial☐ No Jury Trial Demand

Lisa Bevelly
Name of Defendant 2

Mr. Crosby
Name of Defendant 3

Ms. Pizzoli
Name of Defendant 4

Name of Defendant 5

(Print the names of all defendants. If the names of all defendants do not fit in this space, you may attach additional pages. Do not include addresses in this section).

FILED
SCRANTON

JAN 25 2021

PER

Anno
DEPUTY CLERK

I. NATURE OF COMPLAINT

Indicate below the federal legal basis for your claim, if known.

- ☒ Civil Rights Action under 42 U.S.C. § 1983 (state, county, or municipal defendants)
- ☐ Civil Rights Action under Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971) (federal defendants)
- ☐ Negligence Action under the Federal Tort Claims Act (FTCA), 28 U.S.C. § 1346, against the United States

II. ADDRESSES AND INFORMATION

A. PLAINTIFF

GARCIA JORD

Name (Last, First, MI)

KR 2324

Inmate Number

S.C.I. Coal Township

Place of Confinement

1 Kelly Drive

Address

Coal Township, Pennsylvania 17866

City, County, State, Zip Code

Indicate whether you are a prisoner or other confined person as follows:

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner

B. DEFENDANT(S)

Provide the information below for each defendant. Attach additional pages if needed.

Make sure that the defendant(s) listed below are identical to those contained in the caption. If incorrect information is provided, it could result in the delay or prevention of service of the complaint.

Defendant 1:

Faulds, Bruce

Name (Last, First)

Mayor of the Unit Managers

Current Job Title

1 Kelly Drive

Current Work Address

Coal Township, Pennsylvania

City, County, State, Zip Code

Defendant 2:

Ravelli, Lisa

Name (Last, First)

Psychiatrist

Current Job Title

1 Kelley Drive

Current Work Address

Coal Township, Pennsylvania 17866

City, County, State, Zip Code

Defendant 3:

Crosby, Edward

Name (Last, First)

Licensed Psychologist Manager

Current Job Title

1 Kelley Drive

Current Work Address

Coal Township, Pennsylvania 17866

City, County, State, Zip Code

Defendant 4:

Pizzoli, Jen

Name (Last, First)

Psychological Services Specialist

Current Job Title

1 Kelley Drive

Current Work Address

Coal Township, Pennsylvania 17866

City, County, State, Zip Code

Defendant 5:

Name (Last, First)

Current Job Title

Current Work Address

City, County, State, Zip Code

III. STATEMENT OF FACTS

State only the facts of your claim below. Include all the facts you consider important. Attach additional pages if needed.

A. Describe where and when the events giving rise to your claim(s) arose.

The events given rise to my claims happened on E-B unit at S.C.T. Coal Township on July 14, 2020 at approximately 7:45 pm

B. On what date did the events giving rise to your claim(s) occur?

on July 14, 2020

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?)

on July 14, 2020 upon returning from my recreation period I was informed by officer Kresette that I would not be receiving my psychiatric medication because I decided to go to the yard. I was told that major Feilds put out a memo stating that if you received medication you could not receive any recreational period. However, prior to July 17, 2020 no memo was posted on E-B unit for inmates to view. I then spoke with Sergeant Gardner who assured me that she would "handle it", but she left the unit and did not return. As an individual on the mental health roster I began to have negative thoughts of self-harm and I could not sleep that night. By not receiving my medication after I returned from the yard I was left to deal with my mental issues alone at which time I began to cut myself with a razor that plaintiff should have never had in his possession. One day prior to this event on 7-13-20 I had a psychological

page 4 of 6 continued;

"" Statement of Facts

C. evaluation with Psychiatrist Rovelli and psychologists Crosby and Pizzoli. Ms. Rovelli asked Ms. Pizzoli was plaintiff still on "Razor Restriction" due to prior self-harming incidents and Ms. Pizzoli informed Ms. Rovelli that plaintiff was indeed on Razor Restriction. Ms. Rovelli asked me did I have a razor in my possession and I informed her that I did and that no one ever came to confiscate my razor. Along with my medication Recreational activity helps me tremendously, without both, I am left to my own devices which has proven harmful. I should not have to forfeit one for the other. After plaintiff self-harmed I was taken to the Psychiatric observation cell where my wounds were cleaned and I was stripped of all my clothes and belongings and placed in a smock and given a security blanket.

after four days I was sent back to E-Unit and placed back in my cell where I had to

clean up all of my blood. I submitted a grievance about the memo from Major Fields stating that I had to choose between my medication or feed but Unit Manager Tom said he would not file it because it was written in Spanish. Plaintiff is from Guatemala and cannot read or write English and is being discriminated against for that fact here at S.C.I. Coal Township. Plaintiff has to find English speaking inmates that he can trust to confide in to file his complaints for him because S.C.I. Coal Township claims not to be able to translate his complaints even though they have Spanish speaking employees working at S.C.I. Coal Township. Plaintiff complained to Counselor Mooski about not being able to read or write English and was told by Ms. Mooski that maybe Plaintiff should go back to South America where people will understand him.

Plaintiff's mental health issues are extreme and has self-harmed on multiple

occasions and the only steps the psychology department takes are to change my medication or up my dosage to no avail because plaintiff still cannot receive his medication if he decides to get therapeutic recreational activity.

IV. LEGAL CLAIM(S)

You are not required to make legal argument or cite any cases or statutes. However, state what constitutional rights, statutes, or laws you believe were violated by the above actions. If you intend to assert multiple claims, number and set forth each claim in separate paragraphs. Attach additional pages if needed.

1. Each defendant violated plaintiff's clearly established Constitutional Rights to be free from cruel and unusual punishment.
2. Each defendant violated plaintiff's clearly established Constitutional Rights to deliberate indifference to plaintiff's mental health illnesses and the future health and safety of the plaintiff's mental health.
3. Each defendant violated plaintiff's clearly established Constitutional Rights under the Americans with Disabilities Act.
4. Each defendant violated plaintiff's clearly established Constitutional Rights to Substantive and procedural due process and equal protection.

V. INJURY

Describe with specificity what injury, harm, or damages you suffered because of the events described above.

Mental and Emotional distress. Physical harm with lasting scars.

VI. RELIEF

State exactly what you want the court to do for you. For example, you may be seeking money damages, you may want the court to order a defendant to do something or stop doing something, or you may be seeking both types of relief. If you are seeking monetary relief, state your request generally. Do not request a specific amount of money.

Judgment by a jury and a Judge that the defendants violated plaintiff's clearly established Constitutional Rights to be free from cruel and unusual punishment.

Page 5 of 6 Continued,

vi. Relief

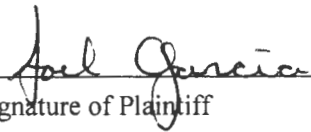
and deliberate indifference to the plaintiff's serious mental health illnesses and the future health and safety of the plaintiff's mental health; violates the American with Disabilities Act; and violated plaintiff's Rights to Substantive and procedural due process and equal protection.

Each Defendant pay the plaintiff Compensatory, punitive, pain and suffering, mental and emotional, Court Costs, attorney Fees, Cost of Litigation, and any other damages and or Relief a jury and or Judge deem just and appropriate.

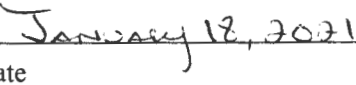
VII. SIGNATURE

By signing this complaint, you represent to the court that the facts alleged are true to the best of your knowledge and are supported by evidence, that those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

Local Rule of Court 83.18 requires *pro se* plaintiffs to keep the court informed of their current address. If your address changes while your lawsuit is being litigated, you must immediately inform the court of the change in writing. By signing and submitting the complaint form, you agree to provide the Clerk's Office with any changes to your address where case-related papers may be served, and you acknowledge that your failure to keep a current address on file with the Clerk's Office may result in dismissal of your case.



Signature of Plaintiff



Date

JOEL GARCIA
KR-2324
S.C.I. COAL TOWNSHIP
1 KELLEY DRIVE
COAL TOWNSHIP, PA 17866-1020

OFFICE OF THE CLERK
UNITED STATES DISTRICT COURT
for the
MIDDLE DISTRICT OF PENNSYLVANIA
235 NORTH WASHINGTON AVENUE
P.O. BOX 1148
SCRANTON, PA 18501-1148

COVER LETTER

Dear Clerk,

Enclosed please find Two copies of a Civil Complaint for a Civil Rights Action under 42 U.S.C. § 1983.

I'm also sending in an Application To Proceed In Forma Pauperis which is coming under separate cover due to the institution having to certify my institutional account statement.

Please date ant time stamp my complaint and add it to the docket. Thank you for your time and consideration with this matter.

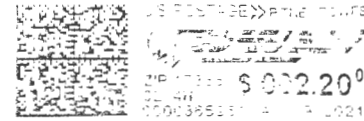
Dated: January 18,2021

Sincerely,

A handwritten signature in cursive script that reads "Joel Garcia".

cc.File.

PRIMATE MAIL
PA DEPT OF
CORRECTIONS



Jorge Garcia
#KR 2324
SCI Coal Township
1 Kelly Drive
Coal Township, PA 17866

RECEIVED
SCRANTON

JAN 25 2021

PER

DEPUTY CLERK

Office of The Clerk
United States District Court
For the
Middle District of Pennsylvania
235 North Washington Avenue
P.O. Box 1148
Scranton, PA 18501-1148

